

MASS. HS 30.2: A579



312066 0282 3835 4

ASSURING QUALITY HEALTH CARE

HOSPITALS • CLINICAL LABORATORIES

GOVERNMENT DOCUMENTS
COLLECTION

NOV 12 1985

University of Massachusetts
Repository



CLINICS • STATE SCHOOLS • REST HOMES

HOSPICES • AMBULANCES • HOME HEALTH

NURSING HOMES • BIRTH CENTERS

FOR YOU

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE QUALITY

AUGUST 1985

The Massachusetts Division of Health Care Quality: Assuring Quality Health Care For You

The Division of Health Care Quality is the patient protection arm of the Department of Public Health. It is the only office authorized by state law to monitor the quality of health care services provided in Massachusetts by the state's 550 nursing homes, 250 rest homes, 140 hospitals, 335 ambulance services, 365 clinical laboratories, 200 clinics, 120 bloodbanks, 140 home health agencies and 32 state schools and community-based programs for the mentally retarded.

The Division is also used by the state and federal governments to certify that health care facilities such as nursing homes and state mental health hospitals meet state and federal standards for participation in the Medicaid and Medicare programs.

The Division works to safeguard patients from:

- Patient abuse, mistreatment, and neglect.
- Misuse of patients' personal funds.
- Poor sanitary conditions, such as vermin and rodent infestation.
- Inaccurate laboratory results.
- Inappropriate use of body restraints.
- Misuse of drugs.
- Too few or inadequately trained staff.
- Innaccurate medical records.
- Improperly trained ambulance personnel.
- Ambulances without the proper medical equipment or equipment in need of repair.
- Fire safety hazards.

The Division has a staff of about 155 people who monitor the quality of health care services being provided. Division staff include registered nurses, social workers, pharmacists, emergency medical technicians, laboratory technicians and specialists in the care of the elderly, the mentally retarded and the mentally ill. The Division has an annual budget of about \$4.5 million to do its work.

Protection of Patients

There are several activities which Division staff undertake to ensure the protection of patients. These activities include:

- Setting standards of good care.
- Inspecting and monitoring health facilities and services.
- Training staff and others in patient abuse reporting and prevention.
- Investigating complaints about patient care and patient abuse.
- Taking enforcement action to protect the health and safety of patients.

Setting Standards of Good Care

State law requires the Department of Public Health to set standards of good care in various types of health care facilities and services around the state. Some types of facilities, such as nursing homes and hospitals, must meet both state standards for licensure and federal standards for Medicaid and Medicare certification. Other types of facilities such as ambulances, physician office laboratories, clinics and rest homes, are evaluated exclusively against state standards. The Division of Health Care Quality sets standards by bringing together experts and asking them what constitutes good care in a particular health care area. Research, comments of those experts, and comments from the general public received at public hearings serve as the basis for the setting of standards that are then used to evaluate health care facilities and services.

For example, in 1984, in response to the growth of ambulatory care service in Massachusetts, the Division revised antiquated regulations and developed state-of-the-art standards governing the licensure of clinics. In addition to physical plant, equipment and safety requirements, the new clinic regulations include quality of care standards for specific clinic services such as mental health, surgical, dental and rehabilitation services. Also, the new clinic regulations provide new and more effective enforcement measures such as license suspension and provisional licensure designed to compel compliance with standards.

As part of the standard setting process, the Division sometimes conducts research studies to determine the need for new regulations or for changes in existing regulations. For instance, in May 1984, Division staff surveyed over 1000 residents in 55 rest homes to determine whether current rest home licensing regulations actually meet the needs of rest home residents. The current licensing regulations address the care of elderly persons who do not need extensive nursing or medical attention. The Division's study findings clearly point to the need to assure appropriate services to residents with mental health problems. The department will develop new rest home licensure regulations to address this need.

Inspecting and Monitoring Health Facilities and Services

The Division spends a substantial amount of time monitoring and regularly inspecting health care facilities and services to assure compliance with quality of care standards. Compliance with these regulations enables a facility or service to continue to be licensed to operate in Massachusetts and/or to be certified to receive federal Medicare or Medicaid reimbursement.

Often a facility cannot be reimbursed by Blue Cross and other insurers unless it is licensed by the state. Similarly, a health care facility must be Medicare and/or Medicaid certified before it can receive federal reimbursement for services rendered to the poor and elderly.

The Division conducts unannounced inspections of all of the state's nursing homes at least once a year. Depending on the nursing home's previous record and current conditions, a Division inspector will spend two to seven days in a facility looking at items such as the availability and quality of medical and nursing services, the emotional and physical condition of patients, the cleanliness of the facility and the quality of the food service.

When Division inspectors uncover a problem in a health care facility, they first work with the facility's staff to correct the problem. An inspector schedules consultative meetings with the facility's staff to develop a plan for correcting the problem. In addition, the inspector makes follow-up visits to assure that the facility is correcting the problem.

Investigating Complaints About Patient Care and Patient Abuse

Although the Division of Health Care Quality regularly monitors the quality of services provided by the state's health care industry, it cannot be in all places at all times. That is why the Division relies heavily on complaints from consumers and other agencies.

In 1984, the Division investigated approximately 450 separate complaints from consumers and other agencies concerning patient care in the state's health care facilities. Such investigations can result in formal enforcement actions such as admissions freezes, license revocations or receiverships, or may be resolved through voluntary compliance by the facility.

Each year, Division staff spend approximately 1200 hours working with health facilities in an effort to bring them into compliance with state and federal standards. By encouraging health providers to correct problems voluntarily, the Division avoids having to take enforcement action to achieve facility compliance.

The Division's authority to protect patients through enforcement of its quality of care regulations for health care facilities was greatly strengthened through the passage of the Patient Abuse Statute in 1980. The law requires certain health care professionals, such as nurses, doctors and nurses aides, to report incidents of abuse, mistreatment or neglect to the Department.

The number of patient abuse complaints rose from 124 in 1983 to about 175 in 1984. Approximately one-half of the reported abuse cases were substantiated upon investigation by Division staff. Problems were resolved through a variety of means including referral to the Attorney General's Office for possible legal action, consultation with the nursing home, and formal Division enforcement action.

Training Staff and Others in Patient Abuse Reporting and Prevention

In addition to ongoing training for staff, the Division provides specialized training in the area of patient abuse reporting and prevention to health care providers, advocates and interested members of the public. During 1984, the Division sponsored four conferences on patient abuse which offered education and training to about 2000 health care providers and other interested individuals. The Division has also made a significant contribution to the patient abuse prevention field by producing an innovative training film to be used in education and training to implement the Patient Abuse Statute. The film, called "Incident Report", is a fictional dramatization of the conflicting issues which arise during the Division's investigation of a complaint of alleged abuse of a nursing home patient.

Taking Enforcement Action to Protect the Health and Safety of Patients

The Division has the following remedies available to it to protect the health and safety of patients:

- Freezing admissions
- Suspending a license
- Revoking a license
- Appointing a receiver to manage a facility
- Decertifying a facility from participation in the Medicaid and/or Medicare programs

In 1984, the Division of Health Care Quality:

- Revoked the licenses of three nursing homes.
- Decertified 15 nursing homes from the Medicaid program.
- Recommended Medicare terminations to the federal Health Care Financing Administration for two hospitals and two nursing homes.
- Issued correction orders to 12 ambulance services.
- Closed five substandard nursing homes with severe patient care and fire safety problems and assisted in the relocation of 211 patients from these facilities.
- Placed one nursing home in receivership upon finding gross patient care deficiencies and severe patient neglect.

The year 1984 marked the first time the Department used the intermediate sanction of freezing admissions against substandard long term care facilities. During the year, the Division notified 25 facilities of intent to freeze admissions and actually imposed admission freezes in 12 of these cases.

The following three examples clarify the actions that the Division uses in resolving problems of health care providers.

Example One: Substandard Ambulance Service License Revoked

In August 1983, following three years of monitoring by the Division as well as a lengthy adjudicatory hearing that found substantial and repeated violations of Department regulations concerning vehicles and equipment, the Division recommended revocation of the license of a North Shore ambulance service which served 11 communities. Violations documented by Division staff included: an inadequate supply of different sized face masks to be used with an oxygen resuscitator by infants, children and adults; an inadequate vacuum and installed suction system to clear a patient's airway in the event of respiratory distress; inadequate sanitary conditions in the patient compartment of the vehicle; and lack of basic first aid supplies. The service ceased operation following final delicensure in October 1983 and did not appeal the Department's action. To assure continuity of care, Division staff contacted each of the cities and towns served by the ambulance service and advised local officials of alternative ambulance services which provide quality services.

Example Two: Poor Quality Nursing Home Placed in Receivership

In June 1984, at the request of the Department of Public Health, a Suffolk Superior Court judge appointed a patient care receiver to manage the affairs of a local nursing home which provided care to 99 elderly residents. Following reports of substandard care, Division staff fully inspected the facility, checking every aspect of the facility's operation against state and federal requirements for patient care, health and safety, and overall management. The inspection revealed 197 separate violations of these standards. The majority of the violations directly related to patient neglect, improper nursing practices, improper administration of medications, failure to take adequate health and safety precautions and failure to monitor physician orders. Prior to seeking appointment of a receiver, the Department took several steps to protect the health and safety of patients in the nursing home including on-site monitoring of the facility on a daily basis, immediate freezing of admissions to the facility, meeting extensively with the facility's owners and management staff to seek improvement of patient care, and notifying the facility that action had begun to terminate it from participation in

the federal Medicaid program. Despite these initial steps, the serious problems at the facility continued and the Division sought a court appointed receiver to take full charge of the operation of the facility. This step was taken to assure the protection of patient health and safety and to assure that the facility would continue to function.

Example Three: Problems in Clinical Laboratory Corrected

In January 1984, the Division conducted a routine licensure survey at a North Shore clinical laboratory which performed patient testing for a number of private physicians and at least three local nursing homes. Division surveyors found numerous serious violations of state licensure and Medicare certification standards which threatened both the accuracy and the reliability of the clinical laboratory test results. These violations included lack of effective quality control practices, a failure to check and maintain testing equipment, use of outdated test chemicals, inadequate recording of test procedures and results, improper storage of hazardous waste, poor sanitation, and storage of chemical and biological solutions and food in the same refrigerator. Because of the danger these practices presented to the public, the Division required the laboratory to suspend patient testing until the deficiencies were corrected. The laboratory was also required to inform its clients of the Department's findings and concerns, and to refer all test specimens to other laboratories for analysis during the suspension period. The laboratory made the corrections but the Division continues to monitor its performance closely.

If you have any questions regarding a specific health care facility or service, or wish to report a suspected case of patient abuse, mistreatment or neglect, please call the Division of Health Care Quality directly. The appropriate phone numbers are listed on the back cover of this brochure.

To Contact the Division of Health Care Quality

For information about the licensure and certification of any health care facility in Massachusetts:

WRITE

**Division of Health Care Quality
Massachusetts Department of Public Health
150 Tremont Street, 2nd Floor
Boston, MA 02111**

OR CALL

**(617) 727-5860
1-(800)-462-5531 (Toll Free)
and ask for the "Surveyor of the Day"**

To report a suspected case of patient abuse, mistreatment or neglect or to make a complaint about any health care facility:

WRITE

**Patient Complaint Unit
Division of Health Care Quality
Department of Public Health
150 Tremont Street, 2nd Floor
Boston, MA 02111**

OR CALL

**(617) 727-8984 (9-5, Monday - Friday)
(617) 522-3700 (Evenings and Weekends)
1-(800)-462-5540 (Toll Free)**

**All telephone complaints must be confirmed in writing.
All complaints are investigated and information remains confidential.**

**Michael S. Dukakis
Governor**

**Philip W. Johnston
Secretary of Human Services**

**Bailus Walker, Jr.
Commissioner of Public Health**

**Irene R. McManus
Director of Division of Health Care Quality**